

**Washington State Nursing Care Quality Assurance Commission
Practice Committee
September 8, 2000**

Request for advisory opinion from the American Lung Association, Seattle Headquarters, Asthma Management in School Settings Committee

Background information: The following questions were generated by a multidisciplinary committee charged with developing a standard approach to the management of asthma in K-12 schools. The management guidelines are based on national asthma care principles. Individual nursing care plans for students with asthma will be developed according to orders from authorized prescribers, with parental input, based on a philosophy of self-management by the student.

Registered nurses in school settings function under a special provision which allows them to delegate and supervise the administration of oral medications to unlicensed school personnel. The Commission assumes that the registered nurse uses the nursing process to assess the care needed, verify orders, individualize standard guidelines based on the student's needs, and that certain tasks will not be delegated when the registered nurse determines that care is too complex.

May an RN in a school setting delegate to an unlicensed school employee, the following tasks related to the care of children with asthma?

Assist a student using a peak flow meter to determine the need for inhaled medications for asthma:

Yes, if the plan of care includes the use of a peak flow meter to determine whether or not medication is indicated, the unlicensed school employee who has been trained and is supervised by the registered nurse may verify readings on the peak flow meter and assist the student to follow the instructions on the plan of care. The care plan must include information about when a health care provider or the Emergency Medical System (EMS) should be activated.

Mix liquid medications in a nebulizer chamber for administration via oral inhalation:

Yes, if the registered nurse has taught and supervised the assistive personnel to place medication in a nebulizer chamber, and if she has determined this is a safe procedure within an individual plan of care, this activity is part of the process of administration of oral medications.

Assist a student who uses a mask or Aerochamber-style spacer for inhaled medications for asthma – the medication is ordered “by mouth”, but the device also covers the nose:

Yes, if the medication is ordered for oral inhalation, it falls within the category of “po” or “by mouth” whether or not the mask or spacer covers the mouth or the mouth and the nose. Medications ordered to be administered intranasally are not included within this category. (reference: telephone communication with Joe Honda, Pharmacy Board Consultant, 8/24/00)

Initiation of an individualized plan to deal with urgent asthma episodes which may include the use of peak flow meters

Yes, the assistive personnel may assist the student to identify emergent and urgent situations, including the use by the student of peak flow meters so that the student may determine his or her own status, as long as the registered nurse has included these activities in the plan of care. The registered nurse may not delegate nursing assessment or the nursing process (clinical decision making) to an unlicensed individual.

Orders for inhaled medication which provide a varying dose of medication (i.e. 1-2 puffs)

Yes, if such orders are clarified with the authorized prescriber by the registered nurse, this type of medication may be delegated. The registered nurse should contact the authorized prescriber to determine, for instance, under which circumstances one versus two puffs of an asthma medication should be administered.